Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	09/940,266	
Filing Date	08-27-2001	
First Named Inventor	Gust Bardy	
Title	BIPHASIC WAVEFORM FOR ANTI- TACHYCARDIA PACING FOR A SUBCUTANEOUS IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	
Art Unit	3762	
Examiner Name	MULLEN, KRISTEN DROESCH	
Attorney Docket Number	CAMP0003US1 (CH-0015)	

I hereby revoke all previous powers of attorney given in the above-identified application.								
I hereb	y appoint:							
Ш	Practitioner	s asso	ociated with the Customer Number:					
OR								
X	X Practitioner(s) named below:							
		Name			Registration Number			
	Sean McGeehan			48,537	8,537			
	Mark Schroeder			53,566				
	Ari. O. Pramudji			45,022				
	Jeffrey L. Wendt			32,952				
00 mu/s	Andrea E.		agent/a) to present the application identif	55,685	cost all bus	inace in the United States Patent and		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Please recognize or change the correspondence address for the above-identified application to:								
	The address associated with the above-mentioned Customer Number:							
│	OR	000 40	Secretary with the above memories easier	65134]		
		.000 00	ssociated with Customer Number:	00104				
	or OR	ess as	ssociated with oustomer number.					
F	irm or							
Ir	Individual Name							
Address								
O:to.						1		
City				State		Zip		
Country	:			F				
				Email				
I am the								
	Applicant/Ir	ivento	r					
X								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Signatur	e	/Jay	A. Warren/		Date	08/08/07		
Name	Name Jay A. Warren		Т	elephone	(949) 498-5630			
Title and	le and Company President and CEO, CAMERON HEALTH							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*T	*Total of forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**